HEALTH PLANS
UNIVERSITY OF UTAH

Coding/Reimbursement Policy

Urine Drug Screen Testing In the Outpatient Setting

Policy Reimb-002

Origination Date: 02/27/2019

Reviewed/Revised Date: 05/26/2021

Next Review Date: 05/26/2022

Current Effective Date: 05/26/2021

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

Description:

Urine drug testing is useful for monitoring patient treatment compliance with prescribed medications that have addictive properties (e.g., opioid pain medications, sedatives, and attention-deficit/hyperactivity disorder medication). Test results determine whether patients have recently taken their prescribed medication and if non-prescribed or illicit drugs have been used. Patients who are at risk are evaluated clinically before treatment and are monitored while they are receiving treatment.

There are two types of urine drug tests, presumptive and definitive. A presumptive drug indicates the possible presence of drugs or drug metabolites. Whereas a definitive drug test specifically identifies the presence of individual drugs and their metabolites. Definitive drug tests are qualitative or quantitative tests used to identify specific drugs, specific drug concentrations, and associated metabolites.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans COVERS the following urine drug testing in the outpatient setting:

- **Presumptive Drug Testing – 80305, 80306**
- **Definitive Drug Testing - G0480, G0481, G0482, G0483, G0659**

U of U Health Plans limits coverage of urine drug testing to one (1) presumptive and one (1) definitive test per day per member as medically necessary. Testing for drugs of abuse should not be performed more frequently than the standard of care for a particular

clinical indication. The testing frequency must be medically necessary and documented in the member's medical record.

Medically necessary frequency is defined as follows:

- **Acute Medical Testing -** A single presumptive and/or definitive drug test is appropriate for any acute medical presentation**.**
- **Chronic Opioid Therapy (COT)** - Providers are required to document the testing frequency and rationale for testing (including a validated risk assessment) for members receiving COT. The following testing frequencies are based on a member's risk for abuse:
    1. Members with low risk for abuse may be tested up to one to two times per year.
    2. Members with moderate risk for abuse may be tested up to one to two times every six months.
    3. Members with high risk for abuse may be tested up to one to three times every three months.

A maximum of 15 presumptive and 15 definitive codes will be reimbursed on a rolling 12 month calendar.

Exceptions to the medically necessary frequency as outlined above will be considered on appeal on a case-by-case basis if the following information is provided:

- A signed and dated member-specific order for each ordered drug test that provides sufficient information to substantiate each testing panel component performed ("standing orders," "custom profiles," or "orders to conduct additional testing as needed" are insufficiently detailed and cannot be used to verify medical necessity)
- A copy of the test results
- Rationale for ordering a definitive drug test for each drug class tested
- If a direct-to-definitive drug test is ordered, documentation supporting the inadequacy of presumptive drug testing

U of U Health Plans does NOT cover urine drug testing for any indication using immunoassay methodology, 80307, as current evidence demonstrates this testing lacks adequate sensitivity and specificity for its intended purpose, alternative testing methods are available—this methodology is believed to be not medically necessary.

U of U Health Plans does NOT cover pass through billing of urine drug testing. Medically necessary definitive testing must be performed by, and billed by, a laboratory participating with our health plan.

U of U Health Plans does NOT allow modifiers 59, XE, XP, XS, XU and 91 with procedure codes 80305-80307, 0007U, G0480, G0481 and G0659. These modifiers will not bypass the edit.

2. **Medicaid Plans**
   Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at http://health.utah.gov/medicaid/manuals/directory.php or the Utah Medicaid code Look-Up tool

3. **Medicare Plans**
   Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

Applicable Coding

CPT Codes

80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

HCPCS Codes

G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem)

and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed

G0481 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed

G0482 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

G0659 Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

U of U Health Plans has taken guidance from the Centers for Medicare & Medicaid services (CMS) and because of the HCPCS drug testing codes will not reimburse for CPT presumptive and definitive drug testing codes as they are considered to always be bundled and therefore not eligible for reimbursement.

References:

1. Centers for Medicare and Medicaid Services. CMS.gov. Accesses January 3, 2019. Available at: https://www.cms.gov/
2. AMA American Medical Association CPT Professional 2018
3. Optum 360° HCPCS Level II Expert 2018
4. Utah Medicaid Information Bulletin: April 2018 https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2018/April2018-MIB.pdf
5. ARUP Consult: http://www.arupconsult.com/Topics/Opioids.htm
6. Drug testing : A White paper of the American Society of Addiction Medicine(ASAM) October 26,2013@www.asam.org (Retrieved January 4, 2019)